

CLAIMS ONLY

Application Number

10780163

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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48						
49						
50						
Total						
Indep	1		1		1	
Total						
Depend		4				
Total						
Claims		5				

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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98						
99						
100						
Total						
Indep	1		1		1	
Total						
Depend						
Total						
Claims						